

EXHIBIT A

37700.00	3370.94	
1 Wages, tips, other comp.	2 Federal income tax withheld	
37700.00	2337.40	
3 Social security wages	4 Social security tax withheld	
37700.00	546.65	
5 Medicare wages and tips	6 Medicare tax withheld	
Employer's name, address, and ZIP code Metro Auto Body Inc. 96-14 Northern Blvd Corona NY 11368		
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans		
12a		
12b		
13 Statutory employee Retirement plan Third-party sick pay	12c	
	12d	
14	Employee's social security no. NY SDI 31.20 -1545 NY FLI 57.31 Employer ID number (EIN) 11-2788585 Control number 000141000051028	
John D Tverdy 25-17 89th Street East Elmhurst NY 11369		
Employee's name, address, and ZIP code		
15 St. Employee's state ID number NY 112788585	16 State wages, tips, etc. 37700.00	17 State income tax 1535.69
18 Local wages, tips, etc. 37700.00	19 Local income tax 1063.66	20 Locality name NYC (R)

Wage and Tax Statement
Copy B This information is being furnished to the IRS.
To Be Filed With Employee's FEDERAL Tax Return.
OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

Form W-2
2019

37700.00	3370.94	
1 Wages, tips, other comp.	2 Federal income tax withheld	
37700.00	2337.40	
3 Social security wages	4 Social security tax withheld	
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John D Tverdy 25-17 89th Street East Elmhurst NY 11369		
Employee's name, address, and ZIP code		
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Wage and Tax Statement
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.
OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

Form W-2
2019

37700.00	3370.94	
1 Wages, tips, other comp.	2 Federal income tax withheld	
37700.00	2337.40	
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Wage and Tax Statement
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.
OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

Form W-2
2019

1 Wages, tips, other comp.	26000.00	2 Federal income tax withheld	2025.44
3 Social security wages	26000.00	4 Social security tax withheld	1612.00
5 Medicare wages and tips	26000.00	6 Medicare tax withheld	377.00
Employer's name, address, and ZIP code Metro Auto Body, Inc. 96-14 Northern Blvd Corona NY 11368			
7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits	
11 Nonqualified plans		12a	
		12b	
13 Statutory employee plan		12c	
		12d	
14		Employee's SSN NY SDI 31.20 NY FLI 32.76 Employer ID number (EIN) 11-2788585 Contri. number 000141000051028	
Employee's name, address, and ZIP code John D Tverdy 25-17 89th Street East Elmhurst NY 11369			

Employee's name, address, and ZIP code

15 St. Employer's state ID number NY 112788585	16 State wages, tips, etc. 26000.00	17 State income tax 818.48
18 Local wages, tips, etc. 26000.00	19 Local income tax 587.83	20 Locality name NYC (R)

Wage and Tax Statement
Copy C — For EMPLOYEE'S RECORDS
 This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.
 OEMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

Instructions for Employees

- Box 1. Enter this amount on the wages line of your tax return.
- Box 2. Enter this amount on the federal income tax withheld line of your tax return.
- Box 6. You may be required to report this amount on Form 3659, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.
- Box 8. This amount is included in box 4, 45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.
- Box 9. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove that the received amount is greater than the amount you have recorded. Show the actual amount of tips you received, report that amount on line 11, and enter less than the allocated tips. On Form 4137 you will calculate the social security and Medicare tax due on the amount of tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security tax return. (See figure 6 below.)

Box 8. If you have used a code in this box, enter it when prompted by your software. The only valid characters are the letters A-F and the digits 0-9. This code assists IRS in validating the W-2 data submitted with your return. The code is not entered on paper filed returns.

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any Care Expenses, to compute any tax-free benefit, see Form 2441, Child and Dependent Care Expenses.

Box 11. This amount is reported in box 13 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or is included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that has been carried over for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture remaining right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution was made to you during the year, but a deferral and a reversal of a distribution in the same calendar year, and you are still less than 62 by the end of the calendar year, your employer should file SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. This amount is reported in box 13 if it is a deferral under code D, E, F, and S) and designated Roth contributions (codes A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, AA, BB, or EE, if you made a make-up pension contribution for a prior year) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or FRTA tax on tips. Include this tax on Form 1040. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(a)(9) salary reduction agreement

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions on how to do this.

J—Non taxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or FRTA tax on the taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5).

Q—Nontaxable combat pay. See the instructions for Form 1040 for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8833, Archer MSA and Large Group Care Insurance Contracts.

S—Employee salary reduction contributions under a section 409(a) SIMPLE plan (not included in box 1).

T—Adoption benefits (not included in box 1). Complete Form 8833, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs)).

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount also is included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(a) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted Benefit under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 931

HH—Aggregate deferrals under section 931 elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance withheld, union dues, life/form payments, health insurance premiums deducted from wages, and amounts withheld for the payment of the clergy's parsonage allowance and utilities. Railroad employees use this box to report railroad retirement (FRTA) compensation. Tier 1 Tax, Tier 2 Tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement compensation.

Note: If you file Form W-2 for at least 3 years after the due date for filing your income tax return, however, to help protect your social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2018 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income, number of children, and the age of the child(ren) claiming the credit. You and any qualifying children must have earned income to claim the EIC. You may be able to take the EIC if your investment income is more than the specified amount for 2018 or if income is earned for services provided while you were an inmate at a penal institution. For 2018 income limits and more information, visit www.irs.gov/EITC. Also see Pub. 590, Earned Income Credit. EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to complete a new employment record. Be sure to ask the employer to file Form W-2s. Copy C, page 2, Tax Exempt Organization Contribution (TEN) and Estimated Tax.

To correct any name, SSN, or money amount error reported to the IRS on Form W-2, be sure to get your copies of Form W-2s from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name and SSN. Call your Social Security office or by calling 800-772-1213. You also may visit the SSA website at www.ssa.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Or exceed tax. If you had more than one employer in 2018 and more than \$7,990.20 in federal security tax, Tier 1 railroad retirement (FRTA) tax, and Medicare tax withheld, you may be able to claim a credit for the excess amount of federal income tax. If you had more than one railroad employer and more than \$4,874.20 in Tier 2 FRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 instructions and Pub. 505, Tax Withholding and Estimated Tax.

26000.00	2481.63
jes, tips, other comp.	2 Fed. income tax withheld
26000.00	1612.00
lal security wages	4 Soc. sec. tax withheld
26000.00	377.00
icare wages and tips	6 Medicare tax withheld

Name, address, and ZIP code
o Auto Body Inc.
4 Northern Blvd
na NY 11368

ial security tips	8 Allocated tips
cification code	10 Dependent care benefits

qualified plans	12a
	12b
ny yes Retirement plan	Third-party sick pay
	12c
	12d

	Employee's SSN
NY SDI	31.20 -1545
NY FLI	15.75 Employer ID number (EIN) 11-2788585
	Control number 000141000051028

D Tverdy
7 89th Street
Elmhurst NY 11369

ame, address, and ZIP code	16 State wages, tips, etc.	17 State income tax
ployer's state ID number 12788585	16 State wages, tips, etc. 26000.00	17 State income tax 818.49
wages, tips, etc.	19 Local income tax 26000.00	20 Locality name NYC (R)

e and Tax Statement Form W-2
This information is being furnished to the IRS.
Filed With Employee's State, City, or Local Income Tax Return.
16-0000 Department of the Treasury - Internal Revenue Service

7 W2PU NTF 2581814

26000.00	2481.63
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wages, tips, etc.	19 Local income tax 26000.00	20 Locality name NYC (R)

e and Tax Statement Form W-2
Y C -- For EMPLOYEE'S RECORDS
This copy is being furnished to the IRS. If you are required
to retain a duplicate copy, you may do so on your own.
If this income is taxable and you fail to report it
16-0000 Department of the Treasury - Internal Revenue Service

26000.00	2481.63
jes, tips, other comp.	2 Fed. income tax withheld
26000.00	1612.00
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26000.00	377.00
icare wages and tips	6 Medicare tax withheld

Employer's name, address, and ZIP code
Metro Auto Body Inc.
96-14 Northern Blvd
Corona NY 11368

7 Social security tips	8 Allocated tips
cification code	10 Dependent care benefits

9 Verification code	10 Dependent care benefits
11 Nonqualified plans	12a

11 Nonqualified plans	12a
	12b

12 Statutory employee	Retirement plan	Third-party sick pay	12c
			12d

14 Employee's SSN

NY SDI 31.20 -1545

NY FLI 15.75 Employer ID number (EIN)

11-2788585 Control number 000141000051028

John D Tverdy
25-17 89th Street
East Elmhurst NY 11369

Employee's name, address, and ZIP code
15 St. Employer's state ID number NY 112788585
16 State wages, tips, etc. 26000.00
17 State income tax 818.49

18 Local wages, tips, etc. 26000.00
19 Local income tax 588.38
20 Locality name NYC (R)

Wage and Tax Statement Form W-2
Copy 2
To Be Filed With Employee's State, City, or Local Income Tax Return. 2017
OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

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26000.00	2481.63
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96-14 Northern Blvd
Corona NY 11368

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NY SDI 31.20 -1545

NY FLI 15.75 Employer ID number (EIN)

11-2788585 Control number 000141000051028

John D Tverdy
25-17 89th Street
East Elmhurst NY 11369

Employee's name, address, and ZIP code
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Wage and Tax Statement Form W-2
Copy 2
To Be Filed With Employee's State, City, or Local Income Tax Return. 2017
OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

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Q-Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.

R-Employer contributions to your Archer MSA. Report on Form 8859, Archer MSA and Long-Term Care Insurance Contracts.

S-Employee safety reduction contributions under a section 409(p) SIMPLE plan (not included in box 1).

T-Adoption benefits (not included in box 1). Complete Form 8869, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

V-Income from exercise of nonstatutory stock options (included in boxes 1, 9 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W-Employer contribution (including amounts the employee elected to contribute using a section 125 (cafeteria plan) to your health savings account). Report on Form 8859, Health Savings Account (HSA).

X-Oleandras under a section 409(a) nonqualified deferred compensation plan.

Z-Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Other Taxes" in the Form 1040 instructions.

AA-Designated Roth contributions under a section 401(k) plan.

BB-Designated Roth contributions under a section 409(a) plan.

DD-Cost of employer-sponsored health coverage. **This amount reported with Code DD is not taxable.**

EE-Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF-Permitted benefits under a qualified small employer health reimbursement arrangement.

Box 13, If the Retirement plan box is checked, special rules may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590, Contributions to Individual Retirement Arrangements (IRAs).

Box 14, Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nonrefundable amounts, education assistance payments, or a portion of an employee's pension plan. Report amounts with box 14 if your employer has limited its tax deduction to the amount of the plan's contribution. See "Other Taxes" in the Form 1040 instructions.

Note: If you are eligible for a tax credit, file Form 8893, Credit for Health Insurance Premiums, by the due date for filing your tax return. However, to help protect your social security benefits, just in case there is a question about your work record and/or earnings in a particular year, keep Copy C of Form W-2 for at least 6 years after the due date for filing your tax return. However, if you are eligible for a tax credit, file Form 8893 by the due date for filing your tax return.

Earned Income Credit (EIC). You may be able to take EIC for 2017 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on the number of children you have and the amount of AGI. You can't take the EIC if your income is more than the specified amount for 2017 or if your income is earned for services provided while you were an inmate at a penal institution. For 2017 income limits and more information, visit www.irs.gov/eic. Also see Pub. 596, Earned Income Credit.

Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Clergy and Religious Workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct copies B, C, and 2 and ask your employer to correct your employment record. Be sure to file Form W-2, Corrected Wage Statement, with the Social Security Administration (SSA) to correct your record. If you made a mistake on your tax return, you may file an amended tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213. You also may visit the SSA at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer and taxes were withheld, you may be able to claim a refund for the extra tax paid. See "Refund of Overpaid Tax" in the Form 1040 instructions.

Credit for excess taxes. If you had more than one employer and taxes were withheld, you may be able to claim a refund for the extra tax paid. See "Refund of Overpaid Tax" in the Form 1040 instructions.

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Credit for excess taxes. If you had more than one employer and taxes were withheld, you may be able to claim a refund for the extra tax paid. See "Refund of Overpaid Tax" in the Form 1040 instructions.

Credit for excess taxes. If you had more than one employer and taxes were withheld, you may be able to claim a refund for the extra tax paid. See "Refund of Overpaid Tax" in the Form 1040 instructions.

Credit for excess taxes. If you had more than one employer and taxes were withheld, you may be able to claim a refund for the extra tax paid. See "Refund of Overpaid Tax" in the Form 1040 instructions.

Credit for excess taxes. If you had more than one employer and taxes were withheld, you may be

Instructions for Employee**2542.3.J.****26500.00****UW****1. Wages, tips, other comp.****2. Fed. income tax withheld****1 643.00****3 Social security wages****4. Soc. sec. tax withheld****2 6500.00****5 Medicare wages and tips****6. Medicare tax withheld****384.25****7. Social security tips****8 Allocated tips****9. 10 Dependent care benefits****11 Nonqualified plans****12a****12b****13 Savings Retirement and Employee plan****14 NY SDI****31.80****Employee's SSN****12c****12d****Employer ID number (EIN)****11-2788585****Corporation****000141000051027****John D Tverdy****25-17 89th Street****East Elmhurst NY 11339****B-Allocated Medicare tax on tips. Include this on Form 1040. See "Other Tax" in the Form 1040 instructions.****C-For taxable costs of group-term life insurance over \$50,000 (included in boxes 1, 4 (up to \$50,000), 5, and 6) and health care coverage under a plan that provides for payment of medical expenses by an employer or an insurance company. Also includes deferred compensation plans under a SIMPLE retirement account that part of a section 401(k) arrangement.****D-Elective deferrals under a section 401(k)(6) safety reduction SEP****E-Elective deferrals and employer contributions (including nonemployee dollars) to a section 401(k) defined contribution plan****F-Elective deferrals to a section 401(k)(10) accumulation plan. See "Adjusted gross income" in the Form 1040 instructions.****G-Elective deferrals to a section 401(k)(10) accumulation plan. See "Adjusted gross income" in the Form 1040 instructions.****H-For amounts you can increase without paying penalties (fringe benefits).****I-Substantially employed during the year.****J-Allocated to a section 401(k) plan. See "Other Tax" in the Form 1040 instructions.****K-For amounts you can increase without paying penalties (fringe benefits).****L-Substantially employed during the year.****M-Allocated to a section 401(k) plan. See "Other Tax" in the Form 1040 instructions.****N-Allocated to a section 401(k) plan. See "Other Tax" in the Form 1040 instructions.****P-Electable moving expense reimbursements paid directly to employees (not included in boxes 1, 3, or 5).****Employee's name, address, and EIN****15 St. Employee's state ID number****NY 112788585****16 State where, box 16****17 State income tax****839.16****18 Local income tax****561.80 NYC (R)****19 Local income tax****26500.00****20 Local income tax****561.80 NYC (R)****Form 2098909****Form W-2****2015****Wage and Tax Statement****Copy C ***For EMPLOYEE'S RECORDS****This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on the tax if the income is omitted and you fail to report it.****2015 ISS-2000****Document of the Treasury - Federal Reserve Service****EE-Costume lease fees contributed under a government section 497(b) plan. This amount is included in box 10 if the employee plan is checked, spread over five days. See box 56 and instructions for Schedule D (Form 1040) for reporting requirements.****W-Employee contributions (including contributions from nonqualified stock options) included in boxes 1, 3 (up to \$50,000), 5, and 6. See box 56 and instructions for Schedule D (Form 1040) for reporting requirements.****S-Employee salary reduction contributions under a section 403(c) SIMPLE Plan. See box 56 and instructions for Schedule D (Form 1040) for reporting requirements.****T-Adoption benefit (not included in box 1). Contributions from 8859 Qualified Adoption Expenses, to complete any payable and nonpayable amounts.****V-Income from exercise of nonqualified stock options (not included in boxes 1, 3 (up to \$50,000), 5, and 6) and any securities (other than stock options) included in boxes 1, 3 (up to \$50,000), 5, and 6. See box 56 and instructions for Schedule D (Form 1040) for reporting requirements.****W-Employee contributions (including contributions from nonqualified stock options) to your health savings account. Report on Form 8889, Health Savings Account (HSA) plan.****Y-Dental benefit (not included in box 1). Contributions from dental insurance plan.****Z-Income from exercise of nonqualified stock options (not included in boxes 1, 3 (up to \$50,000), 5, and 6) and any securities (other than stock options) included in boxes 1, 3 (up to \$50,000), 5, and 6. See box 56 and instructions for Schedule D (Form 1040) for reporting requirements.****The following table lists the amounts contributed to the company's defined contribution plan for each employee. See "Other Tax" in the Form 1040 instructions.****AA-Designated Roth contributions under a section 401(a) plan.****BB-Designated Roth contributions under a section 401(a) plan.****CC-Designated Roth contributions under a government section 497(b) plan. This amount is included in box 10 if the employee plan is checked, spread over five days. See box 56 and instructions for Schedule D (Form 1040) for reporting requirements.****DD-Designated Roth contributions under a section 401(a) plan.****EE-Costume lease fees contributed under a government section 497(b) plan. This amount is included in box 10 if the employee plan is checked, spread over five days. 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